

08/25/00
JC900 U.S. PTO

08-28-00

A/Re

PTO/SB/50 (4/98)
S. PTO
09/648588

08/25/00

Approved for use through 9/30/2000. OMB 0651-0033
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner of Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	10767-003001
First Named Inventor	Michel Lesimple
Original Patent Number	5,800,057
Original Patent Issue Date	September 1, 1998
Express Mail Label No.	EL445374750US

APPLICATION FOR REISSUE OF:
(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (Proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)
5. Original U.S. Patent
☒ Offer to surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)

6. Original U.S. Patent currently assigned?
☒ Yes ☐ No

(If Yes, check applicable box(es))

- ☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ * Small Entity Statement(s) (PTO/SB/09-12) ☐ Statement filed in prior application, status still proper and desired
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☒ Other: Request for Transfer of Original Drawings

* Note for items 1&10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL-ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), except if one filed in a prior application is relied upon (37 C.F.R. § 1.28)

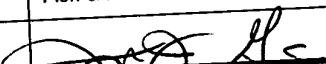
14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. Or Attach bar code label here)

Or ☒ Correspondence address below

Name	John J. Gagel Fish & Richardson P.C.		
Address	225 Franklin Street Boston, MA 02110-2804		
City	Boston	State	MA
Country	U.S.A.	Telephone	(617) 542-5070
		Zip Code	02110-2804
		Fax	(617) 542-8906

NAME (Print/Type)	Fish & Richardson P.C.	Registration No. (Attorney/Agent)	33,499
Signature		Date	8/25 August 25, 2000

Burden Hour Statement: This form is estimated to take 82 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM**DOCKET NUMBER (Optional)**
10767-003001**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 50	30	x \$9 =	\$270	or	x \$ =
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 7	4	x \$39 =	\$156		x \$ =
Basic Fee (37 CFR 1.16(h))					\$345	OR	\$
Multiple Claim Fee					\$130		\$
Total Filing Fee					\$901		\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))		MINUS	**	*	x \$ =		or	x \$ =
Independent Claims (37 CFR 1.16(i))		MINUS	****	=	x \$ =			x \$ =
Total Additional Fee					\$	OR	\$	

If the entry in (D) is less than the entry in (C), write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space

*** After any cancellation of claims

**** If "A" is greater than 20, use (B-A); If "A" is 20 or less, use (B-20).

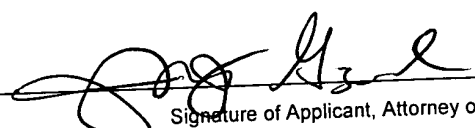
***** "Highest-Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (c).

☐ Please Charge Deposit Account No. _____ in the amount of _____
 A Duplicate Copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1050
 A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 901 to Cover the filing/additional fee is enclosed.
August 25, 2000

Date


 Signature of Applicant, Attorney or Agent of Record
John J. Gagel, Reg. No. 33,499

Typed or Printed Name

Burden Hour Statement: This form is estimated to take 0.05 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231